



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Ernie Fletcher
Governor

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Mark D. Birdwhistell
Secretary

Glenn Jennings
Commissioner

July 21, 2006

Renard L. Murray, D.M.
Associate Regional Administrator
Centers for Medicare and Medicaid Services
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303-8909

Dear Dr. Murray:

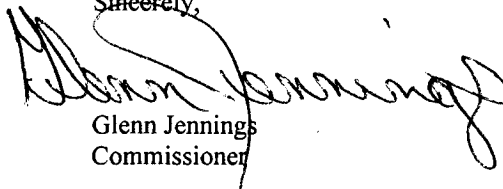
Kentucky Title XIX State Plan Transmittal No. 6-012
Clarifications on KyHealth Choices benefit packages

Enclosed for your review and approval is Kentucky Title XIX Transmittal Number 06-012. This plan amendment clarifies and adjusts the previously submitted and approved KyHealth Choices plan amendments as follows:

1. Replaces the Family Choices benefit package grid;
2. Authorizes pharmacy providers, as a condition of providing a benefit, to require recipients to pay a copayment, coinsurance amount or a premium related to the benefit;
3. Includes Advanced Registered Nurse Practitioners in Physician Office Services;
4. Limits eyeglasses to \$200 per recipient per year for those who are under twenty-one years of age and members of the Global Choices benefit package;
5. does not allow co-payments for dental services to be deducted from the reimbursement in the Global Choices benefit package;
6. Reduces the 5% co-insurance for Non-emergency services from the provider's reimbursement; and
7. clarifies that members are responsible for any hearing aid charges over \$1,400 per ear every 36 months.

If additional information is needed, please contact my office at 502-564-4321.

Sincerely,



Glenn Jennings
Commissioner

Enclosure

SRT/NW/SO/KWS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
06-012

2. STATE
Kentucky

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
April 1, 2006

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

Deficit Reduction Act of 2005 [Section 1937 of the Social Security Act]

7. FEDERAL BUDGET IMPACT:

a. FFY 2006 (Decrease of expenditures by approximately
1,790,845.73 for Comprehensive Choices (July 1 – Sept. 30, 2006)
Budget neutral for Family Choices
753,333.33 for Optimum Choices (July 1 – Sept. 30 2006)

b. FFY 2007 (Decrease of expenditures by approximately
24,090,174 for Comprehensive Choices
Budget neutral for Family Choices
7,310,000 for Optimum Choices

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-A, pages 7.2.1(e), 7.1.4, 7.2.1(b), 7.5.3

Att. 3.1-B, pages 18, 23, 23.3, 31.2

Att. 3.1-C, pages 10.17 – 10.20, 10.22 - 10.24

Att. 4.18-A, pages 1, 1(a), 1(b), Att 4.18-C pages 1, 1(a), 1(b)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Att. 3.1-A, pages 7.2.1(e), 7.1.4, 7.2.1(b), 7.5.3

Att. 3.1-B, pages 18, 23, 23.3, 31.2

Att. 3.1-C, pages 10.17 – 10.20, 10.24

Att. 4.18-A, pages 1, 1(a), 1(b), Att 4.18-C pages 1, 1(a), 1(b)

10. SUBJECT OF AMENDMENT:

Alternative Benefits – Family Choices benefit package table, copayment denial of service for pharmacy providers, ARNP as a Physician Office Service, a \$200 limit for eye glasses for recipients under twenty-one (21) years old per member per year and a member of the Global Choices Benefit Package, no reduction of the \$2 dental services co-payment from the provider's reimbursement in the Global Choices benefit package, reduces the 5% co-insurance for non-emergency services from the provider's reimbursement, and clarifies that member's are responsible for any hearing aid charges over \$1,400 per ear every 36 months.

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Review delegated
to Commissioner, Department for Medicaid
Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Glenn Jennings

14. TITLE: Commissioner, Department for Medicaid Services

15. DATE SUBMITTED:

16. RETURN TO:

Department for Medicaid Services
275 East Main Street 6W-A
Frankfort, Kentucky 40621

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

Commonwealth Global ChoicesOther Licensed Practitioners' Services (continued)

(d) Ophthalmic dispensers' services, limited to dispensing service or a repair service (for eyeglasses provided to eligible recipients), are covered. The following limitations are also applicable:

- (1) Eyeglasses are provided only to recipients under age twenty-one (21). Coverage for eyeglasses is limited to no more than \$200 per year per member.
- (2) Telephone contacts are not covered;
- (3) Contact lens are not covered;
- (4) Safety glasses are covered when medically necessary subject to prior authorization requirements described in material on file in the state agency.

Commonwealth Global Choices

- (b) Exception to the above limitations may be made through preauthorization if need is indicated in the individual case.

(2) Hearing Aid Benefits

Coverage is provided only for recipients under age 21 on a pre-authorized basis for any hearing aid model recommended by a certified audiologist so long as that model is available through a participating hearing aid dealer. Members will be responsible for any hearing aid charges over \$1,400 per ear every 36 months.

C. Vision Care Services

- (1) Optometric services are provided to children under 21 years of age. Coverage includes writing of prescriptions, services to frames and lenses, and diagnostic services provided by ophthalmologists and optometrists, to the extent the optometrist is licensed to perform the services and to the extent the services are covered in the ophthalmologist portion of the physician's program. Eyeglasses are provided only to recipients under age twenty-one (21). Coverage for eyeglasses is limited to no more than \$200 per year per member.
- (2) If medical necessity is established, these limitations do not apply to EPSDT eligible children in accordance with 1905 (r)(5) of the Social Security Act.

Commonwealth Global Choices**(6) Medical care and Any Other Type of Remedial Care**

- (b) Optometrists' services are provided to both the categorically needy and the medically needy. Such coverage includes writing of prescriptions, diagnosis, and provision of treatment to the extent such services are within the lawful scope of practice (licensed authority) of optometrists licensed in the state of Kentucky. The following limitations are also applicable:

- 1) Eyeglasses are provided only to recipients under age twenty-one (21). Coverage for eyeglasses is limited to no more than \$200 per year per member.
- 2) Contact lenses are not covered.
- 3) Telephone contacts are not covered.
- 4) Safety glasses are covered when medically necessary subject to prior authorization requirements described in material on file in the state agency.
- 5) If medically necessary, prisms shall be added within the cost of the lenses.

If medical necessity is established, these limitations do not apply to EPSDT eligible children in accordance with 1905 (r)(5) of the Social Security Act.

- (c) Chiropractic services are provided with the following limitations:

- 1) Fifteen (15) chiropractic visits per year for recipients age 21 and older.
- 2) Seven (7) chiropractic visits per year for recipients under 21 years of age.

Commonwealth Global Choices**b. Dentures**

Dentures are not covered for adults. Dentures may be covered for children through the Early, Periodic, Screening, Diagnosis and Treatment Program (E PSDT).

c. Prosthetics

Prosthetic devices are covered under durable medical equipment in accordance with Attachment 3.1-A, page 13.

d. Eyeglasses

Eyeglasses are not covered for adults. Eyeglasses are provided only to recipients under age twenty-one (21). Coverage for eyeglasses is limited to no more than \$200 per year per member.

Commonwealth Global Choices

- (b) Exception to the above limitations may be made through preauthorization if need is indicated in the individual case.

(2) Hearing Aid Benefits

Coverage is provided only for recipients under age 21 on a pre-authorized basis for any hearing aid model recommended by a certified audiologist so long as that model is available through a participating hearing aid dealer. Members will be responsible for any hearing aid charges over \$1,400 per ear every 36 months.

C. Vision Care Services

- (1) Optometric services are provided to children under 21 years of age. Coverage includes writing of prescriptions, services to frames and lenses, and diagnostic services provided by ophthalmologists and optometrists, to the extent the optometrist is licensed to perform the services and to the extent the services are covered in the ophthalmologist portion of the physician's program. Eyeglasses are provided only to recipients under age twenty-one (21). Coverage for eyeglasses is limited to no more than \$200 per year per member.
- (2) If medical necessity is established, these limitations do not apply to EPSDT eligible children in accordance with 1905 (r)(5) of the Social Security Act.

Commonwealth Global Choices**(6) Medical care and Any Other Type of Remedial Care**

(b) Optometric services are provided to both the categorically needy and the medically needy. Such coverage includes writing of prescriptions, diagnosis, and provision of treatment to the extent such services are within the lawful scope of practice (licensed authority) of optometrists and ophthalmologists licensed in the state of Kentucky. The following limitations are also applicable:

- 1) Eyeglasses are provided only to recipients under age twenty-one (21). Coverage for eyeglasses is limited to no more than \$200 per year per member.
- 2) Contact lenses are not covered.
- 3) Telephone contacts are not covered.
- 4) Safety glasses are covered when medically necessary subject to prior authorization requirements described in material on file in the state agency.
- 5) If medically necessary, prisms shall be added within the cost of the lenses.

If medical necessity is established, these limitations do not apply to EPSDT eligible children in accordance with 1905 (r)(5) of the Social Security Act.

(c) Chiropractic services are provided with the following limitations:

- 1) Fifteen (15) chiropractic visits per year for recipients age 21 and older.
- 2) Seven (7) chiropractic visits per year for recipients under 21 years of age.

Commonwealth Global ChoicesOther Licensed Practitioners' Services (continued)

(d) Ophthalmic dispensers' services, limited to dispensing service or a repair service (for eyeglasses provided to eligible recipients), are covered. The following limitations are also applicable:

- (1) Eyeglasses are provided only to recipients under age twenty-one (21). Coverage for eyeglasses is limited to no more than \$200 per year per person;
- (2) Telephone contacts are not covered;
- (3) Contact lens are not covered;
- (4) Safety glasses are covered when medically necessary subject to prior authorization requirements described in material on file in the state agency.

TN No.: 06-012

Supersedes

TN No.: 06-007

Approval Date: _____

Effective Date: 04/01/06Implementation Date: 05/15/06

Commonwealth Global Choices

b. Dentures

Dentures are not covered for adults. Dentures may be covered for children through the Early, Periodic, Screening, Diagnosis and Treatment Program (E PSDT).

c. Prosthetics

Prosthetic devices are covered under durable medical equipment in accordance with Attachment 3.1-B, page 39.

d. Eyeglasses

Eyeglasses are not covered for adults. Eyeglasses are provided only to recipients under age twenty-one (21). Coverage for eyeglasses is limited to no more than \$200 per year per member.

ALTERNATIVE BENEFITS
STATE PLAN AMENDMENT
BENCHMARK BENEFIT PACKAGE
BENCHMARK EQUIVALENT BENEFIT PACKAGE

The Following table outlines the benefit package for Family Choices. The cost sharing requirements listed in this benefit grid will apply to all members of Family Choices. For the Family Choices populations, these cost sharing requirements shall supersede any other cost sharing requirements described elsewhere in the state plan.

| Benefit/Service | Children of Caretaker Relatives | Categorically Needy Children | KCHIP Children – Medicaid Expansion Program | KCHIP Children – Separate CHIP Program |
|---|--|-------------------------------------|--|--|
| Medical Out-of-Pocket Maximum | \$225 per 12 months | \$225 per 12 months | \$225 per 12 months | \$225 per 12 months |
| Pharmacy Out-of-Pocket Maximum | \$225 per 12 months | \$225 per 12 months | \$225 per 12 months | \$225 per 12 months |
| Acute Inpatient Hospital Services | \$0 co-pay | \$0 co-pay | \$0 co-pay | \$0 co-pay |
| Laboratory, Diagnostic and Radiology Services | \$0 co-pay | \$0 co-pay | \$0 co-pay | \$0 co-pay |
| Outpatient Hospital/ Ambulatory Surgical Centers | \$0 co-pay | \$0 co-pay | \$0 co-pay | \$0 co-pay |
| Physician Office Services* | \$0 co-pay | \$0 co-pay | \$0 co-pay | \$0 co-pay |
| Behavioral Health Services** | \$0 co-pay | \$0 co-pay | \$0 co-pay | \$0 co-pay |
| Allergy Services | \$0 co-pay | \$0 co-pay | <ul style="list-style-type: none"> • \$2 co-pay for office visit and testing • \$0 co-pay for injections | <ul style="list-style-type: none"> • \$2 co-pay for office visit and testing • \$0 co-pay for injections |
| Preventive Services | \$0 co-pay | \$0 co-pay | \$0 co-pay | \$0 co-pay |
| Emergency Ambulance | \$0 co-pay | \$0 co-pay | \$0 co-pay | \$0 co-pay |

ALTERNATIVE BENEFITS

STATE PLAN AMENDMENT
BENCHMARK BENEFIT PACKAGE
BENCHMARK EQUIVALENT BENEFIT PACKAGE

| Benefit/Service | Children of Caretaker Relatives | Categorically Needy Children | KCHIP Children – Medicaid Expansion Program | KCHIP Children – Separate CHIP Program |
|--|---------------------------------------|------------------------------------|---|--|
| Dental Services Including but not limited to two cleanings per 12 months and one set of x-rays per 12 months | \$0 co-pay | \$0 co-pay | \$0 co-pay | \$0 co-pay |
| Family Planning | \$0 co-pay | \$0 co-pay | \$0 co-pay | \$0 co-pay |
| Occupational Therapy Limited to 15 visits per 12 months | \$0 co-pay | \$0 co-pay | \$0 co-pay | \$0 co-pay |
| Physical Therapy Limited to 15 visits per 12 months | \$0 co-pay | \$0 co-pay | \$0 co-pay | \$0 co-pay |
| Speech Therapy Limited to 15 visits per 12 months | \$0 co-pay | \$0 co-pay | \$0 co-pay | \$0 co-pay |
| Hospice (non- institutional) | \$0 co-pay | \$0 co-pay | \$0 co-pay | \$0 co-pay |
| Non-Emergency Transportation | \$0 co-pay | \$0 co-pay | \$0 co-pay | Not Covered |
| Chiropractic Services Limited to seven visits per 12 months | \$0 co-pay | \$0 co-pay | \$0 co-pay | \$0 co-pay |

TN No.: 06-012
Supersedes
TN No.: 06-010

Approval Date: _____

Effective Date: 04/01/06

Implementation Date: 05/15/06

ALTERNATIVE BENEFITS
STATE PLAN AMENDMENT
BENCHMARK BENEFIT PACKAGE
BENCHMARK EQUIVALENT BENEFIT PACKAGE

| Benefit/Service | Children of Caretaker Relatives | Categorically Needy Children | KCHIP Children – Medicaid Expansion Program | KCHIP Children – Separate CHIP Program |
|--|--|---|---|---|
| Prescription Drugs | \$0 co-pay | \$0 co-pay | \$1 generic \$2 preferred \$3 non- preferred brand prescriptions | \$1 generic \$2 preferred \$3 for non- preferred brand prescriptions |
| Emergency Room | \$0 co-pay | \$0 co-pay | 5% co- insurance for each date of service. DMS shall reduce a provider's reimbursement by the amount of co-insurance. | 5% co- insurance for each date of service. DMS shall reduce a provider's reimbursement by the amount of co-insurance. |
| Hearing Aids \$1,400 maximum per ear every 36 months | \$0 co-pay | \$0 co-pay | \$0 co-pay | \$0 co-pay |
| Audiometric Services One audiologist visit per 12 months | \$0 co-pay | \$0 co-pay | \$0 co-pay | \$0 co-pay |
| Vision Services \$400 maximum on eyewear per 12 months | \$0 co-pay | \$0 co-pay | \$0 co-pay | \$0 co-pay |
| Prosthetic Devices \$1,500 maximum per 12 months | \$0 co-pay | \$0 co-pay | \$0 co-pay | \$0 co-pay |
| Home Health Services Limited to 25 visits per 12 months | \$0 co-pay | \$0 co-pay | \$0 co-pay | \$0 co-pay |

TN No.: 06-012
Supersedes
TN No.: 06-010

Approval Date: _____

Effective Date: 04/01/06

Implementation Date: 05/15/06

ALTERNATIVE BENEFITS
STATE PLAN AMENDMENT
BENCHMARK BENEFIT PACKAGE
BENCHMARK EQUIVALENT BENEFIT PACKAGE

| Benefit/Service | Children of Caretaker Relatives | Categorically Needy Children | KCHIP Children – Medicaid Expansion Program | KCHIP Children – Separate CHIP Program |
|--|---------------------------------------|------------------------------------|---|--|
| DME | \$0 co-pay | \$0 co-pay | \$0 co-pay | \$0 co-pay |
| Early Periodic Screening and Diagnosis (EPSD) | \$0 co-pay | \$0 co-pay | \$0 co-pay | \$0 co-pay |
| Treatment (T) Services for Conditions Identified Through Early Periodic Screening and Diagnosis (EPSDT) | \$0 co-pay | \$0 co-pay | \$0 co-pay | Not Covered |
| Substance Abuse EPSDT only | \$0 co-pay | \$0 co-pay | \$0 co-pay | Not Covered |

* **Physician Office Services** includes physicians, Advanced Registered Nurse Practitioners (ARNPs), certified pediatric and family nurse practitioners, nurse midwives, FQHCs, rural health clinics (RHCs), primary care centers (PCCs) and physician assistants.

****Behavioral Health Services** include mental health rehab/stabilization, behavioral support, psychological services and inpatient psychiatric services.

*** A pharmacy provider may require, in accordance with Public Law 109-171, Section 6041, a recipient to pay a copayment, coinsurance amount or premium related to a benefit as a condition for providing the benefit.

ALTERNATIVE BENEFITS
STATE PLAN AMENDMENT
BENCHMARK BENEFIT PACKAGE
BENCHMARK EQUIVALENT BENEFIT PACKAGE

| Benefit/Service | State Plan | NF Level of Care (including ABN/CF MR DD Level of Care) |
|---|---|---|
| Durable Medical Equipment | 3% coinsurance to maximum of \$15 per month (NF residents' DME are included in NF rate) | 3% coinsurance to maximum of \$15 per month (NF residents' DME are included in NF rate) |
| Podiatry Services | \$2 co-pay | \$2 co-pay |
| Vision Services General ophthalmology and optometry | \$2 co-pay | \$0 co-pay |
| | | \$400 maximum on eyewear per 12 months; children under 21 ONLY |
| Dental Services Including but not limited to Children under 21, two cleanings per 12 months, one set of x-rays per 12 months, Adults 21 and over, one cleaning per 12 months and one set of x-rays | \$2 co-pay | \$0 co-pay |
| Family Planning Services and Supplies | \$0 co-pay | \$0 co-pay |
| Occupational Therapy | \$0 co-pay | \$0 co-pay |
| | | 30 visits per 12 months |
| Physical Therapy | \$0 co-pay | \$0 co-pay |
| | | 30 visits per 12 months |

TN No.: 06-012
Supersedes
TN No.: 06-010

Approval Date: _____

Effective Date: 04/01/06

Implementation Date: 05/15/06

ALTERNATIVE BENEFITS
STATE PLAN AMENDMENT
BENCHMARK BENEFIT PACKAGE
BENCHMARK EQUIVALENT BENEFIT PACKAGE

| Benefit/Service | | State Plan | NF Level of Care (including AB/MCF MR DD Level of Care) |
|--|--|--|--|
| Speech, Hearing and Language Therapy | | \$0 co-pay | \$0 co-pay 30 visits per 12 months |
| Hospice (non-institutional) | | \$0 co-pay | \$0 co-pay |
| Behavioral Health Services ** | | \$0 co-pay | \$0 co-pay |
| Transportation Services (as described in the current 1915b waiver) | | \$0 co-pay | \$0 co-pay |
| Emergency Ambulance | | \$0 co-pay | \$0 co-pay |
| Chiropractic Services | | \$2 co-pay | \$0 co-pay |
| | | Aged 21 & over, 15 visits per 12 months Under 21 years of age, 7 visits per 12 months | Aged 21 & over, 15 visits per 12 months Under 21 years of age, 7 visits per 12 months |
| Prescription Drugs | | For members who do NOT have Medicare Part D: \$1 co-pay generic \$2 co-pay preferred brand 5% coinsurance for non-preferred brand prescriptions | For members who do NOT have Medicare Part D: \$1 co-pay generic \$2 co-pay preferred brand 5% coinsurance for non-preferred brand prescriptions |
| | | | Limit of four prescriptions per month; maximum of 3 brand |
| Emergency Room Visit for a Non-emergency Service | | 5% co-insurance for each date of service. DMS shall reduce a provider's reimbursement by the amount of co-insurance. | 5% co-insurance for each date of service. DMS shall reduce a provider's reimbursement by the amount of co-insurance. |
| Hearing and Audiometric Services | | \$2 co-pay | \$0 co-pay |
| | | | \$1,400 maximum per ear every 36 months; children under 21 ONLY: 1 audiologist visit per 12 months |

ALTERNATIVE BENEFITS
STATE PLAN AMENDMENT
BENCHMARK BENEFIT PACKAGE
BENCHMARK EQUIVALENT BENEFIT PACKAGE

| Benefit/Service | | State Plan | NF Level of Care (including ABN/ICF) MF DB Level of Care |
|---|--|------------|---|
| Prosthetic Devices | | \$0 co-pay | \$0 co-pay |
| Home Health Services | | \$0 co-pay | \$0 co-pay |
| End Stage Renal Disease and Transplants | | \$0 co-pay | \$0 co-pay |

* **Physician Office Services** includes physicians, Advanced Registered Nurse Practitioners (ARNPs), certified pediatric and family nurse practitioners, nurse midwives, FQHCs, rural health clinics (RHCs), primary care centers (PCCs) and physician assistants.

****Behavioral Health Services** include mental health rehab/stabilization, behavioral support, psychological services and inpatient psychiatric services under the age of 21.

*** A pharmacy provider may require, in accordance with Public Law 109-171, Section 6041, a recipient to pay a copayment, coinsurance amount or premium related to a benefit as a condition for providing the benefit.

TN No.: 06-012

Supersedes

TN No.: 06-010

Approval Date: _____

Effective Date: 04/01/06

Implementation Date: 05/15/06

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: KENTUCKY

A. Cost Sharing Provisions Under the Commonwealth Global Choices Benefit Plan: The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act.

| Service | Type of Charge | | | Amount and Basis for Determination |
|--------------------|----------------|-------|--------|--|
| | Deduct. | Coins | Co-pay | |
| Prescription Drugs | | X | X | \$1 for each generic drug or atypical antipsychotic drug that does not have a generic equivalent; \$2 for each preferred brand name drug that does not have a generic equivalent and is available under the supplemental rebate program; or 5% co-insurance for each non-preferred brand name drug. The Department for Medicaid Services (DMS) shall reduce a pharmacy provider's reimbursement by \$1 for each generic drug, atypical antipsychotic drug that does not have a generic equivalent, or preferred brand name drug; DMS shall reduce a pharmacy provider's reimbursement by 5% of the cost of each non-preferred brand name drug dispensed. A cap of \$225 per calendar year (January 1 – December 31) per recipient will apply to prescription drug co-payments. Additionally, the maximum amount of cost sharing shall not exceed 5% of a family's total income for a quarter. The average payment per prescription drug is \$51.88 for FY 2005. |

| Service | Type of Charge | | | Amount and Basis for Determination |
|--|----------------|-------|--------|---|
| | Deduct. | Coins | Co-pay | |
| Audiology | | | | \$0.00 |
| Chiropractor | | | X | \$2.00 for each date of service. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for a chiropractic service is \$39.60 in FY 2005. |
| Dental | | | X | \$2.00 for each date of service. DMS shall not reduce a provider's reimbursement by \$2.00. The average payment for a dental service is \$128.27 in FY 2005. |
| Hearing Aid Dealer | | | | A co-payment will not be imposed on hearing aids. However, members will be responsible for any hearing aid charges over \$1,400 per ear every 36 months. |
| Podiatry | | | X | \$2.00 for each date of service. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for a podiatry service is \$61.02 in FY 2005. |
| Optometry* | | | X | \$2.00 for each date of service. DMS shall reduce a provider's reimbursement by \$2.00. The average payment to an optometrist for a general ophthalmological service is \$44.02 in FY 2005. |
| General ophthalmological services* | | | X | \$2.00 for each date of service. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for an ophthalmological service is \$29.84 in FY 2005. |
| Eyewear | | | | A co-payment will not be imposed on eyewear. However, members will be responsible for any eyewear charges over \$200 per year. |
| Office visit for care by a physician,** physician's assistant, advanced registered nurse practitioner, certified pediatric and family nurse practitioner, or nurse midwife | | | X | \$2.00 per visit. The average payment for this service is \$37.12 in FY 2005. DMS shall not reduce a provider's reimbursement by \$2.00. |
| Physician Service | | | X | \$2.00 per date of service. DMS shall not reduce a provider's reimbursement by \$2.00. The average payment for this service is \$37.12 in FY 2005. |

*CPT codes 92002, 92004, 92012, and 92014.

**CPT codes 99201, 99202, 99203, 99204, 99211, 99212, 99213, and 99214

TN No.: 06-012

Supersedes TN No.: 06-006

Approval Date: _____

Effective Date: 04/01/06

Implementation Date: 05/15/06

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: KENTUCKYCost Sharing Provisions Under the Commonwealth Global Choices Benefit Plan, continued:

| Service | Type of Charge Deduct. Coins Co-pay | Amount and Basis for Determination |
|---|--|---|
| Visit to a rural health clinic, primary care center, or federally qualified health center | X | \$2.00 per visit. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for this service is \$39.21 in FY 2005. |
| Outpatient hospital service | X | \$3.00 for each date of service. DMS shall reduce a provider's reimbursement by \$3.00. The average payment for this service is \$211.55 in FY 2005. |
| Emergency room visit for a non-emergency service | X | 5% co-insurance for each date of service. DMS shall reduce a provider's reimbursement by the amount of co-insurance. The average payment for this service is \$190.77 in FY 2005. |
| Inpatient hospital admission | X | \$50.00 per admission. DMS shall reduce a provider's reimbursement by \$50.00. The average payment for this service is \$2512.78 in FY 2005. |
| Occupational Therapy | X | \$2.00 per visit. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for this service is \$40.92 in FY 2005. |
| Physical Therapy | X | \$2.00 per visit. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for this service is \$25.14 in FY 2005. |
| Speech, Hearing, Language Therapy | X | \$1.00 per visit. DMS shall reduce a provider's reimbursement by \$1.00. The average payment for this service is \$20.85 in FY 2005. |
| Durable Medical Equipment | X | 3% co-insurance per service, not to exceed \$15 per month. DMS shall reduce a provider's reimbursement by the amount of co-insurance or \$15 if applicable. The average payment for this service is \$96.68 in FY 2005. |
| Ambulatory Surgical Center | X | \$3.00 for each date of service. DMS shall reduce a provider's reimbursement by \$3.00. The average payment for this service is \$528.76 in FY 2005. |
| Laboratory, diagnostic, or x-ray service | X | \$3.00 for each date of service. DMS shall reduce a provider's reimbursement by \$3.00. The average payment for this service is \$48.11 in FY 2005. |
| | | A cap of \$225 per calendar year (January 1 – December 31) per recipient will apply to co-payments for services. Additionally, the maximum amount of cost sharing shall not exceed 5% of a family's total income for a quarter. |

B. The following shall not be subject to a copayment:

- (a) Individuals excluded in accordance 42 CFR 447.53.
- (b) A service provided to a recipient who has reached his or her 18th birthday but has not turned 19.
- (c) Individuals who are pregnant.
- (d) Individuals receiving hospice service.

C. Services included and related to established age and periodicity screenings pursuant to Centers for Disease Control guidelines shall not be subject to co-pays.

D. In addition to the Global Choices cost-sharing provisions are cost-sharing provisions established elsewhere in the State Plan for the Comprehensive Choices, Family Choices and Optimum Choices benefit packages.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: KENTUCKY

- E. A pharmacy provider may require, in accordance with Public Law 109-171, Section 6041, a recipient to pay a copayment, coinsurance amount or premium related to a benefit as a condition for providing the benefit.

Populations Covered under Commonwealth Global Choices Benefit Plan:

- F. All other children and individuals who are nursing facility level of care will be covered under the Family choices and comprehensive Choices plans outlined in the DRA SPA 06-010. The following grid outlines the populations covered under Global Choices, which will serve as the default state plan package:

| MEG | Eligibility Group | Eligibility Category | Description |
|---|---|----------------------|---|
| MEG #1 "Global Choices" • SSI-Related • Caretaker Relatives • Women with Breast or Cervical Cancer • Special Needs Children • Pregnant Women | Mandatory SSI-Related | | |
| | SSI Members | A | Aged individuals 65 and over who receive SSI who do not meet NF level of care |
| | | AP | Aged individuals 65 and over who receive SSI and State Supp who do not meet NF level of care |
| | | B | Blind individuals who receive SSI who do not meet NF level of care, including children |
| | | BP | Blind individuals who receive SSI and State Supp who do not meet NF level of care |
| | | D | Disabled individuals who receive SSI who do not meet NF level of care including children |
| | | DP | Disabled individuals who receive SSI and State Supp who do not meet NF level of care |
| | Pass Through (deemed SSI or SSP members) | F | Aged individuals 65 and over who lost SSI or SSP benefits and are now eligible for "Pass through" Medicaid who do not meet NF level of care |
| | | G | Blind individuals who lost SSI or SSP benefits and are now eligible for "Pass through" Medicaid who do not meet NF level of care |
| | | H | Disabled individuals who lost SSI or SSP benefits and are now eligible for "Pass through" Medicaid who do not meet NF level of care |
| | Mandatory Caretaker Relatives | | |
| | Caretaker Relatives of children eligible per Section 1931 | C | Caretaker Relatives of children who receive KTAP and are deprived due to death, incapacity or absence |
| | | E | Caretaker Relatives of children who do not receive KTAP and are deprived due to death, incapacity or absence |
| | | T | Caretaker Relatives of children who do not receive KTAP and are deprived due to unemployment |

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 STATE: KENTUCKY

A. Cost Sharing Provisions Under the Commonwealth Global Choices Benefit Plan: The following charges are imposed on the medically needy for services:

| Service | Type of Charge | | | Amount and Basis for Determination |
|--|----------------|-------|--------|---|
| | Deduct. | Coins | Co-pay | |
| Prescription Drugs | | X | X | \$1 for each generic drug or atypical antipsychotic drug that does not have a generic equivalent; \$2 for each preferred brand name drug that does not have a generic equivalent and is available under the supplemental rebate program; or 5% co-insurance for each non-preferred brand name drug. The Department for Medicaid Services (DMS) shall reduce a pharmacy provider's reimbursement by \$1 for each generic drug, atypical antipsychotic drug that does not have a generic equivalent, or preferred brand name drug; DMS shall reduce a pharmacy provider's reimbursement by 5% of the cost of each non-preferred brand name drug dispensed. A cap of \$225 per calendar year (January 1 – December 31) per recipient will apply to prescription drug co-payments. Additionally, the maximum amount of cost sharing shall not exceed 5% of a family's total income for a quarter. The average payment per prescription drug is \$51.88 for FY 2005. |
| Audiology | | | | \$0.00 |
| Chiropractor | | | X | \$2.00 for each date of service. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for a chiropractic service is \$39.60 in FY 2005. |
| Dental | | | X | \$2.00 for each date of service. DMS shall not reduce a provider's reimbursement. The average payment for a dental service is \$128.27 in FY 2005. |
| Hearing Aid Dealer | | | | A co-payment will not be imposed on hearing aids. However, members will be responsible for any hearing aid charges over \$1,400 per ear every 36 months. |
| Podiatry | | | X | \$2.00 for each date of service. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for a podiatry service is \$61.02 in FY 2005. |
| Optometry* | | | X | \$2.00 for each date of service. DMS shall reduce a provider's reimbursement by \$2.00. The average payment to an optometrist for a general ophthalmological service is \$44.02 in FY 2005. |
| General ophthalmological services* | | | X | \$2.00 for each date of service. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for an ophthalmological service is \$29.84 in FY 2005. |
| Eyewear | | | | A co-payment will not be imposed on eyewear. However, members will be responsible for any eyewear charges over \$200 per year. |
| Office visit for care by a physician,** physician's assistant, advanced registered nurse practitioner, certified pediatric and family nurse practitioner, or nurse midwife | | | X | \$2.00 per visit. The average payment for this service is \$37.12 in FY 2005. DMS shall not reduce a provider's reimbursement by \$2.00. |
| Physician Service | | | X | \$2.00 per date of service. DMS shall not reduce a provider's reimbursement by \$2.00. The average payment for this service is \$37.12 in FY 2005. |

*CPT codes 92002, 92004, 92012, and 92014.

**CPT codes 99201, 99202, 99203, 99204, 99211, 99212, 99213, and 99214

TN No. 06-012

Supersedes TN No.: 06-006

Approval Date: _____

Effective Date: 04/01/06

Implementation Date: 05/15/06

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: KENTUCKYCost Sharing Provisions Under the Commonwealth Global Choices Benefit Plan, continued:

| Service | Type of Charge | | | Amount and Basis for Determination |
|---|----------------|-------|--------|---|
| | Deduct. | Coins | Co-pay | |
| Visit to a rural health clinic, primary care center, or federally qualified health center | | | X | \$2.00 per visit. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for this service is \$39.21 in FY 2005. |
| Outpatient hospital service | | | X | \$3.00 for each date of service. DMS shall reduce a provider's reimbursement by \$3.00. The average payment for this service is \$211.55 in FY 2005. |
| Emergency room visit for a non-emergency service | | X | | 5% co-insurance for each date of service. DMS shall reduce a provider's reimbursement by the amount of co-insurance. The average payment for this service is \$190.77 in FY 2005. |
| Inpatient hospital admission | | | X | \$50.00 per admission. DMS shall reduce a provider's reimbursement by \$50.00. The average payment for this service is \$2512.78 in FY 2005. |
| Occupational Therapy | | | X | \$2.00 per visit. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for this service is \$40.92 in FY 2005. |
| Physical Therapy | | | X | \$2.00 per visit. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for this service is \$25.14 in FY 2005. |
| Speech, Hearing, Language Therapy | | | X | \$1.00 per visit. DMS shall reduce a provider's reimbursement by \$1.00. The average payment for this service is \$20.85 in FY 2005. |
| Durable Medical Equipment | | X | | 3% co-insurance per service, not to exceed \$15 per month. DMS shall reduce a provider's reimbursement by the amount of co-insurance or \$15 if applicable. The average payment for this service is \$96.68 in FY 2005. |
| Ambulatory Surgical Center | | | X | \$3.00 for each date of service. DMS shall reduce a provider's reimbursement by \$3.00. The average payment for this service is \$528.76 in FY 2005. |
| Laboratory, diagnostic, or x-ray service | | | X | \$3.00 for each date of service. DMS shall reduce a provider's reimbursement by \$3.00. The average payment for this service is \$48.11 in FY 2005. |
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- D. In addition to the Global Choices cost-sharing provisions are cost-sharing provisions established elsewhere in the State Plan for the Comprehensive Choices, Family Choices and Optimum Choices benefit packages.
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